

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE:

ALBERT VARGAS MOLINA

DEBTOR(S)

CASE NUMBER: 18-05788/ESL

CHAPTER 13

**DEBTOR'S MOTION CONCERNING AMENDMENT
TO SCHEDULE "E/F" OFFICIAL FORM 106E/F**

TO THE HONORABLE COURT:

COMES NOW, ALBERT VARGAS MOLINA, the Debtor through his undersigned attorney Counsel, and very respectfully states and prays as follows:

1. The Debtor hereby amends Schedule "E/F" previously filed Schedule "E/F" docket no. 1, pursuant to Rule 1009 of the Federal Rules of Bankruptcy Procedure and local Bankruptcy Rule 1009-1, for the purpose of: **include unsecured priority claim, account no. 101943545, from creditor Banco Santander PO Box 326589, San Juan PR 00936-2589; Strategic Legal Group PSC, PO Box 366220, San Juan PR 00936-6220, balance owed \$3,991.00.**

WHEREFORE, the Debtor prays that this Honorable Court take knowledge of said amendment and provide accordingly.

NOTICE

Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve, and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is

filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

CERTIFICATE OF SEVICE: I hereby certify that on this date I electronically filed the above document with the Clerk of the Court using the CM/ECF System which sends notification of such filing to all those who in this case have registered for receipt of notice by electronic mail, including the US Trustee's Office and the Trustee. I further certify that the foregoing has been served by depositing true and correct copies thereof in the United States Mail, postage prepaid, to none CM/ECF participants: Debtor to his address of record; to the creditor affected by the amendment: **Banco Santander PO Box 326589, San Juan PR 00936-2589;** **Strategic Legal Group PSC, PO Box 366220, San Juan PR 00936-6220;** and creditors and parties in interest as per the attached master address list.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 1st day of June, 2021.

/s/Roberto Figueroa Carrasquillo
R FIGUEROA CARRASQUILLO LAW OFFICE PSC
USDC #203614
ATTORNEY FOR PETITIONER
PO BOX 186 CAGUAS PR 00726
TEL. NO. (787) 744-7699/(787)963-7699
EMAIL: rfg@rfigueroalaw.com

Fill in this information to identify your case:

Debtor 1	ALBERT VARGAS MOLINA		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO, SAN JUAN DIVISION		
Case number (if known)	3:18-bk-5788		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Departamento de Hacienda Priority Creditor's Name PO Box 9024140 San Juan, PR 00902-4140 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6555 When was the debt incurred? 2014-2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$2,554.24	\$2,554.24
	\$2,554.24		\$0.00

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **VARGAS MOLINA, ALBERT**

Case number (if known)

3:18-bk-5788

4.1

Banco Santander de PR

Nonpriority Creditor's Name

Last 4 digits of account number **3545****\$3,991.00****PO Box 326589****San Juan, PR 00936-2589**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

4.2

Chase Card

Nonpriority Creditor's Name

Last 4 digits of account number **1305****\$7,512.00****PO Box 15298****Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

2016-02

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

4.3

Cornerstone

Nonpriority Creditor's Name

Last 4 digits of account number **0001****\$6,352.00****PO Box 61047****Harrisburg, PA 17106-1047**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

2015-12

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

4.4

Cornerstone

Nonpriority Creditor's Name

Last 4 digits of account number **0002****\$6,281.00****PO Box 61047****Harrisburg, PA 17106-1047**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2016-02**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

4.5

Cornerstone

Nonpriority Creditor's Name

Last 4 digits of account number **0005****\$5,637.00****PO Box 61047****Harrisburg, PA 17106-1047**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2018-04**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

4.6

Cornerstone

Nonpriority Creditor's Name

Last 4 digits of account number **0004****\$3,921.00****PO Box 61047****Harrisburg, PA 17106-1047**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2017-03**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Debtor 1 **VARGAS MOLINA, ALBERT**

Case number (if known)

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4.7

Cornerstone

Nonpriority Creditor's Name

Last 4 digits of account number **0003****\$2,195.00****PO Box 61047
Harrisburg, PA 17106-1047**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? **2016-11**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.8

Discover Fin Svcs LLC

Nonpriority Creditor's Name

Last 4 digits of account number **0009****\$7,472.00****PO Box 15316
Wilmington, DE 19850-5316**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? **2018-03**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.9

DTOP

Nonpriority Creditor's Name

Last 4 digits of account number **3758****\$750.00****PO Box 41269 Minillas Station
San Juan, PR 00940-1269**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Tickets no 38185061 \$350.00; 38963304 \$250.00; 704209422 \$50.00; 704209421 \$50.00; 35549174 \$50.00**

Debtor 1 **VARGAS MOLINA, ALBERT**

Case number (if known)

3:18-bk-5788

4.10

Syncb/Sams Club

Nonpriority Creditor's Name

Last 4 digits of account number **0116****\$361.00****PO Box 965005****Orlando, FL 32896-5005**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2017-11**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

4.11

Syncb/tjx Cos

Nonpriority Creditor's Name

Last 4 digits of account number **2154****\$167.00****PO Box 965015****Orlando, FL 32896-5015**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2017-01**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Departamento de Hacienda**Bankruptcy Section****235 Ave Arterial Hostos Ste 1504****San Juan, PR 00918-1451**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6555

Name and Address

Strategic Legal Group PSC**PO Box 366220****San Juan, PR 00936-6220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3545**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

**Total claims
from Part 1**

6a. Domestic support obligations

6a. \$ **0.00**

6b. Taxes and certain other debts you owe the government

6b. \$ **2,554.24**

Debtor 1 **VARGAS MOLINA, ALBERT**

Case number (if known) **3:18-bk-5788**

- 6c. **Claims for death or personal injury while you were intoxicated**
6d. **Other.** Add all other priority unsecured claims. Write that amount here.

6c. \$ 0.00
6d. \$ 0.00

- 6e. **Total Priority.** Add lines 6a through 6d.

6e. \$ 2,554.24

**Total claims
from Part 2**

- 6f. **Student loans**
6g. **Obligations arising out of a separation agreement or divorce that
you did not report as priority claims**
6h. **Debts to pension or profit-sharing plans, and other similar debts**
6i. **Other.** Add all other nonpriority unsecured claims. Write that amount
here.
6j. **Total Nonpriority.** Add lines 6f through 6i.

Total Claim
6f. \$ 0.00
6g. \$ 0.00
6h. \$ 0.00
6i. \$ 40,648.00
6j. \$ 40,648.00

Fill in this information to identify your case:

Debtor 1 ALBERT VARGAS MOLINA
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SAN JUAN DIVISION

Case number 3:18-bk-5788
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ ALBERT VARGAS MOLINA

ALBERT VARGAS MOLINA

Signature of Debtor 1

Date June 1, 2021

X _____

Signature of Debtor 2

Date _____

Label Matrix for local noticing
0104-3
Case 18-05788-ESL13
District of Puerto Rico
Old San Juan
Tue Jun 1 09:08:09 AST 2021

Chase Bank USA, N.A.
c/o Robertson, Anschutz & Schneid, P.L.
6409 Congress Avenue, Suite 100
Boca Raton, FL 33487-2853

DEPARTMENT OF TREASURY
BANKRUPTCY SECTION 424 B
PO BOX 9024140
SAN JUAN, PR 00902-4140

Departamento de Hacienda
PO Box 9024140
San Juan, PR 00902-4140

Fondo Coop
PO Box 42006
San Juan, PR 00940-2206

Syncb/tjx Cos
PO Box 965015
Orlando, FL 32896-5015

MONSITA LECAROS ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

US Bankruptcy Court District of P.R.
Jose V Toledo Fed Bldg & US Courthouse
300 Recinto Sur Street, Room 109
San Juan, PR 00901-1964

(p)JPMORGAN CHASE BANK N A
BANKRUPTCY MAIL INTAKE TEAM
700 KANSAS LANE FLOOR 01
MONROE LA 71203-4774

DTOP
PO Box 41269 Minillas Station
San Juan, PR 00940-1269

Discover Bank
Discover Products Inc
PO Box 3025
New Albany, OH 43054-3025

(p)PORTFOLIO RECOVERY ASSOCIATES LLC
PO BOX 41067
NORFOLK VA 23541-1067

ALBERT VARGAS MOLINA
URB LOS AIRES SERENOS 159 HELIO ST
ARECIBO, PR 00612

ROBERTO FIGUEROA CARRASQUILLO
PO BOX 186
CAGUAS, PR 00726-0186

AEELA
PO Box 364508
San Juan, PR 00936-4508

Cornerstone
PO Box 61047
Harrisburg, PA 17106-1047

Departamento de Hacienda
Bankruptcy Section
235 Ave Arterial Hostos Ste 1504
San Juan, PR 00918-1451

Discover Fin Svcs LLC
PO Box 15316
Wilmington, DE 19850-5316

Syncb/Sams Club
PO Box 965005
Orlando, FL 32896-5005

JOSE RAMON CARRION MORALES
PO BOX 9023884
SAN JUAN, PR 00902-3884

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Chase Card
PO Box 15298
Wilmington, DE 19850-5298

Portfolio Recovery Associates, LLC
POB 12914
Norfolk VA 23541

End of Label Matrix	
Mailable recipients	19
Bypassed recipients	0
Total	19